

THE 'UNINTENDED' CITY: A Case for Re-reading the Spatialization of a Princely City through the 1898 Plague Epidemic

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Abstract: Cities have witnessed a surge in attention from urban scholarship in what is now referred to as the 'urban turn' in South Asian studies. In recent years, colonial Presidency capital cities such as Bombay, Calcutta, and Delhi and their mutually constitutive architecture and urban history, have received significant recognition. The urban history of nominally sovereign, princely states and their respective capital cities, however, have been relegated to regional histories, sustaining limited inquiry. This paper, therefore, focuses on colonial urbanism in one such understudied princely city, Bangalore, the administrative capital of the princely state of Mysore. Through the plague of 1898 and the extraordinary intervention measures it occasioned, the paper investigates spatial patterns in parts of the city that fell under British jurisdiction, during a critical period in the state, between when princely rule was reinstated in 1881 until the aftermath of the bubonic plague that struck the city in 1898. The British controlled parts of the city had been envisioned to reflect order and authority but also *difference* from its native counterpart. Such vision, became a means of and reason for social control in the British controlled areas, resulting in urban segregation that often overlapped with religious, ethnolinguistic and caste segregation prompting the creation of the metaphorical 'unintended city'. By examining these unintended pockets, this paper seeks to demonstrate ways of thinking about architecture and urbanism, beyond social privilege and aesthetics of envisioned, formal, master plans. It will reveal a more complex story than that of a partitioned original settlement or Pettah, and the European 'white city' that colonial administrators commonly ascribed to its spatialization.¹ After the plague, "improvement" projects became central to the imagination of the city, twinning as both sanitary and moral reform. But capitalist imperatives and laissez-faire economics compromised planning measures, making available such improvements to limited populations, resulting in paradoxical outcomes. Instead of focussing on these improvement schemes, this paper questions imposed paradigms in architectural history by reconstituting the object of investigation and recognizing ephemeral spaces, such as segregation camps and hospitals, both "temporary" and "permanent". It argues that the spaces conceived from these momentary exchanges caused by disruptions such as the plague, are key to understanding space making in Bangalore city, before formal improvement schemes were introduced. There exists a lacuna of unadulterated self-representation of marginalised, non-local, migrant inhabitants. This paper, by following the plague, allows examination of their lives to some extent, through the spaces they inhabited, were limited to, and those that were excluded from, in this process. Employing a wide variety of unexamined archival sources that range from gazetteers, plague reports and sanitary regulations that have hitherto not been used for the purposes of a spatial enquiry to examine the city, it provides a rich depiction of the 'unintended' city and its inhabitants.

Keywords: Princely urbanism, segregation, plague, epidemic, disease, improvement projects, ephemerality

INTRODUCTION

Scholars of South Asia in recent years have turned to the city, previously suppressed in historicist discourse, in order to understand society, as spaces of both, power and difference (Prakash 2002). There has been a surge of interest in the making of modern south Asian cities and many have focused on rethinking the nature of colonial urbanism in British India. Princely states and their capital cities, such as Mysore, Hyderabad, and Baroda, were the focus of colonial urban development, just as presidency capitals of Delhi, Calcutta, and Madras.² Despite their distinct urban identities under colonial rule, scant attention has been paid to the development of princely cities

and the enduring assumptions about colonial cities continue to be ascribed to them.³ The colonial "dual city" basis of separation still persists in Bangalore perpetuating the physical separation between what was thought to be a predominantly European settlement, from its native counterpart. This paper therefore takes its cue from recent scholarship on British India that has dismantled the paradigmatic image of the racially partitioned Manichean 'dual city' model (King 2006).⁴ The limitations of the enforced physical and cultural incommensurability between the 'white town' (European) and 'black town' (Native) provides an opportunity to reconsider to what extent colonial

urbanism constituted a coherent set of ideas, especially in the case of princely cities such as Bangalore, a product of 'indirect' British rule and undoubtedly a very different political landscape. Studying princely cities allows examination of forms of urbanism, not as alternatives to colonial cities, rather, to explore their production as heterogeneous developments. By the late nineteenth century, Mysore, which had previously been conceptualised as the royal capital, was divested of its administrative associations to Bangalore and a new division of labour was achieved between the two cities (Nair 2011). The 1898 plague set in motion apparatuses of invasive sanitary measures and radical town planning schemes. Bangalore during this period, therefore, presents an interesting opportunity to examine a rapidly changing landscape that inscribed political, social and economic hierarchies of caste and class, upon its newly expanding urban terrain.

This paper is divided into three parts. The first provides a closer examination of the residential pattern of the city's Civil and Military Station (C & M Station), to reveal a more complex story.⁵ It will show how assertions, such as the station being primarily European or a vision of order, were more figures of political desire on the part of colonial administrators than accurate descriptions of urban cultural geography.⁶ The station by the late nineteenth century became a labour market attracting new migrants, often impoverished, who found themselves 'set apart' in squatter settlements from relatively more planned areas. Neither were the existence of such populations and the spaces they inhabited officially acknowledged, nor was the state's role in setting them apart. This has resulted in a paucity of records about such migrant populations, with little or no forms of unadulterated self-representation of speaking in their 'own' voices. The second part of this paper fills a gap in literature by examining their lives to some extent, from colonial records such as Mysore State gazetteers and plague reports. Several books on modern South Asian urban history, suggest that urbanism in colonial South Asia was fundamentally about the spatial segregation of populations.⁷ They situate urban segregation as the key antecedent to class segregation, functioning as a means of and reason for social control, often overlapping with religious, ethnolinguistic, and caste segregation (Beverley 2011). It was on the occasions of outbreaks of disease such as the third plague pandemic that struck Bangalore, where segregation of such populations emerge in records, albeit most often, only indirectly. Whilst accepting that Indian society did self-segregate to an extent, this part will show how segregation was not always voluntary, by exposing a hidden history of how 'setting apart' of some populations was state induced, often due to paradoxical

interventions such as those intended for sanitation. These populations that were set apart, have not been the focus of previous studies of the city. The third part of this paper will reflect on the spaces they inhabited, were limited to, and those they were excluded from, during the plague and its immediate aftermath. Prompted by research that has radically reconstituted the object of investigation from the 'permanent' inscription of the built environment as key to understanding political agency, it too questions paradigms in architectural history by focusing on ephemeral spaces and 'temporary' traces of material culture created by disruptions such as the plague.⁸ The records used are often disparate and come with many large gaps, nevertheless this paper will provide a rich depiction of populations that are not commonly discussed in the history of the Mysore state, revealing a city etched with spatial inequalities.

THE UNINTENDED CITY

A swathe of parkland cleaved the C & M Station and administrative buildings from the Bangalore city or *Pettah* (figure 1). The Station also fell under the control of the Commissioner of Bangalore until 1881 (when the princely state was returned to indirect rule after a period of sixty years) and Bangalore city was under the princely state of Mysore, perpetuating the physical separation between what was thought to be a predominantly European settlement, from its native counterpart. The notion of *difference* between them, was furthered by representations of everyday life in the C & M Station and described in various colonial sources as being divorced from that of the native inhabitants in the Pettah. British orientalist Lewis Rice described the streets of the pettah to be "very roughly paved and nearly always abounding in filth" (1897, 263). In striking contrast, he described the Station as having broad, straight tree lined avenues intended for parades of wheeled vehicles or spectacles of military power (figure 2). Accounts of the city such as the Census of India 1893 (Mysore) indicate strong linguistic and cultural differences between the two. A section on religion in the census claimed that the majority of the Christian population in the Mysore state, both Europeans and Native Christians, resided in the station, a circumstance it accounted for by the presence of the British Military garrison (Narasimmiyengar 1893, 58). Such depictions, consistently drew cultural and visual comparisons between the metaphorical "east" and "west" (Ranganathan 2018).

The divisions between the Bangalore city and the C & M station however, just as Calcutta's 'white' town and 'black' town, were neither complete nor static and they were far from autonomous entities (Chattopadhyay 2005). The economic, political and social condition of colonial culture penetrated the insularity of both,

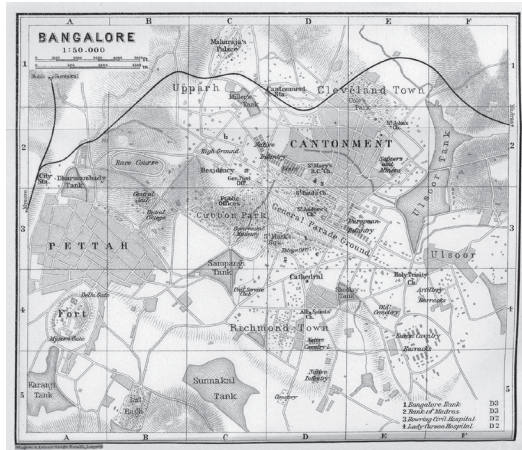


Figure 1: Map of Bangalore, on the left is located the Pettah or Bangalore city, on the right is located the Cantonment that became the C & M Station and the two are seen separated by parkland. (Indien: Handbuch Für Reisende: Karl Baedeker in Leipzig)



Figure 2: Aerial view showing landscaped avenues and roads leading to the Attara Kaccheri or the Mysore State High Court from the Kannada film 'Mane Katti Nodu' of Bangalore in 1948. (Economic Times 2016)

although at different levels and to varying degrees. Accounts such as P.R Caldwell's Report on the outbreak of plague in the C & M station in 1899 attest to this. His descriptions note their proximity and relationship

... the City of Bangalore, which is a portion of the Mysore State is situated so close to the Civil and Military Station that, were they under the same jurisdiction, the two would undoubtedly form one city. ... the intercourse between them is so diverse, as so many of the inhabitants of each have ties of occupation or of relationship in the other. ... (Caldwell 1899, 1)

Despite their mutually dependant relationship, representations in historiography were rooted in the colonial civilising narrative to present the cantonment as better developed than Bangalore city, due to

British presence. Municipal services in the city were underfunded by the colonial government. Until 1895, only half as much per capita was spent on public works and conservancy (house-to-house sewage collection) in the native pettah as compared to the C & M station (Ranganathan 2018). Piped water was introduced to Bangalore city only just before the plague and water was provided and sold from Dharmamabudi Lake through troughs and basins, increasing incidents of contamination and illness. This was in contrast to the C & M station which had secure supplies of water (Nair 2005). The disproportion in allocation of resources between Bangalore city and the C & M station as Malini Ranganathan describes, were not accidental. The intent was to frame poverty as inexorably racial and cultural, innate to the habits of colonial subjects, rather than a result of the workings of racial and imperial capitalism. In this way, colonial discourse served as moral justification for state projects of accumulation and control (Ranganathan 2018).

The colonial government projected the C & M Station to be a well laid out settlement, with large avenue roads, churches and large buildings, the reality however, was far more complex. There certainly were well-spaced areas for European occupied sprawling bungalows in areas such as Richmond Town and Langford Town (an example of one such bungalow seen in figure 3 & 4), but none were too far from native quarters or lines within the station that provided vital supplies of domestic and other labour (Ranganathan 2018). The station that had been designed to function as a military cantonment in the early nineteenth century, gradually grew to become a labour market, attracting a large number of migrants induced by opportunity and employment. The anomalous demography of the station, also allowed sociability beyond the limits of traditional caste and occupation hierarchies, that other 'native' areas were bound to, thereby attracting migrants of specific endogamous groups. They formed the 'unintended city' that was 'never a part of the formal master plan but always implicit in it' (Nandy 1998). This unintended city consisted of a growing number of poor in slums and streets that provided cheap labour and services without which the official C & M station would not survive (figure 5). Take, for example, a population of 3000 butchers, fowl and egg dealers and fish sellers recorded in the census specially catering to the large military cantonment in the C & M station (Narasimmiyengar 1893). Such occupations were practiced by specific castes such as Gollas also known as *Gauliga* or *Kavadiga*, who were unlikely to have lived in Bangalore city, where predominantly upper caste Hindus and Jains resided, and food suppliers engaged predominantly in grain and vegetables

catering to their dietary restrictions dictated by caste (Narasimmiyengar 1893, 349).⁹ As Nair (2017) notes, civilian groups such as the 'Labbes, Mudaliars and lower caste menials' came from Tamil speaking areas of the neighbouring Madras presidency (Nair 2005). The station also had a high proportion of 'Mussalmans' who according to the Census of 1893 collected in the station because they were "unrestricted by the iron barriers of caste and hereditary and traditional professions" (Narasimmiyengar 1893). The existence of the slums in Blackpully, north of the station's parade

ground, Ulsoor, quarters near Shoolay circle and the Arab lines had been designated as 'native quarters'¹⁰ when the station was laid out. Their presence was not due to a failure of planning mechanisms, or the 'unreformable' traits of Indians, but owed to the structural features of undemocratic, unequal forms of state regulation that had prompted their existence. Yet, administrators would not acknowledge their existence, officially, nor their role in 'setting apart' such civilian groups. In doing so, they would forego blame for the material conditions of such populations but also obscure them from the history of the C & M station.

PARADOXICAL IMPROVEMENTS

In the nineteenth century, "improvement" infused urban planning as leitmotif for twinned sanitary and moral reform of the working poor in Victorian Britain, as it came to define planning in the colonies. Improvements, however, were 'radically transfigured' because native subjects were construed as being "irreducibly different" from their European counterparts (Legg 2008). As Kidambi (2007) suggests in his study of colonial Bombay, the plague was framed as "a disease of locality", meaning that the infection was stubbornly believed to be in-situ and stem from cultural pollution. Similar ideas are unravelled in Swati Chattopadhyay's *Calcutta* (2005), where she notes that European medical practitioners in India claimed with certainty that disease developed along foreign principles in the tropics and that tropical disease affected Europeans differently from native inhabitants. The plague that struck Bombay in 1896 found itself in the Mysore State in 1899.¹¹ Tellingly, the engineer in charge of plague-proofing the city during this period, J.H. Stephens (1914), wrote: "... while so many Mohammedens died, the plague hardly touched the English. It took some time for these people to understand that the principal cause of all the trouble was insanitary habits and manner of living". Notwithstanding that the plague was transmitted by rat fleas much like in other cities at the time rather than odours wafting from overcrowded dwellings, the bodies and homes of poor native subjects (Chandarvakar 1998; Kidambi 2007).¹² P.R Caldwell's report on the outbreak of plague in the C & M Station in 1899, validates similar ideas. He carefully disassociates the plague in Bangalore city from its outbreak in the C & M station. It is no surprise that we learn from it that plague measures deepened racial segregation, since it makes clear that Europeans, except the officers of the native regiments, were spared of the inoculations (1899, 22). At the level of the city, he ascertained that mortality rates were different among races and religions using "scientific data" (figure 6), belabouring that Europeans escaped very lightly, despite the former living in poorer

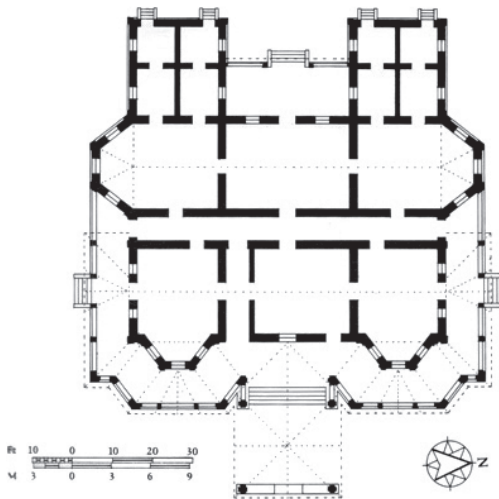


Figure 3: Plan of 6 Richmond Road, a bungalow in Richmond Town. Courtesy: Janet Pott, *Old Bungalows of South India*. (London: The Author, 1977, 33)



Figure 4: View of 6 Richmond Road. Courtesy: Janet Pott, *Old Bungalows of South India*. (London: The Author, 1977, 33)



Figure 5: Scrap metal traders in Blackpully Source: Stephens's Square Merchants' Association. (<https://www.livemint.com>)

cramped areas in cheek by jowl housing, without the amenities afforded to the latter. He also established that Muslims, on the whole, suffered more severely.¹³

By the late 19th century, there was a gradual shift in colonial disciplinary attitudes towards the city from the control of spaces to the regulation of bodies, through 'colonising the body' (Arnold 1993; Beverley 2011).¹⁴ In Chattopadhyay's *Calcutta* (2005) and Kidambi's *Bombay* (2007), a picture of colonial urbanism developing a repertoire of rhetoric and practices begins to emerge, where sanitary threat and contagion were found to be located in the neighbourhoods and dwellings and later in the bodies of the poorer segments of the subject population. Just as in *Calcutta* (Chattopadhyay 2005), colonial officials in the Mysore state drew upon ethnographic data and theories of disease to reorganise and regulate the C & M station. A great deal of attention was paid to frame the 'locality' as the focus of governmental attention. The station was divided

into convenient units for such an exercise in 1894 indicated in figure 7, where the coloured areas show the limits of the station. It was divided into 14 circles, 24 sub-divisions and a further 162 blocks containing 100 houses. Each circle was placed under a superintendent and each block, a supervisor (Caldwell 1899). The results of such exercises, inextricably interlaced with caste and class, are the few extant sources from which we can uncover the group identities of these civilians.

Caldwell's Report on the outbreak of plague in the C & M station notes in detail the areas where, and the populations on whom, the first plague preventative measures were exercised. Knoxpet, an area 'inhabited almost entirely by "Pariahs" with an "extremely low situation" and "always an unhealthy quarter" with cases of plague recurring persistently, was evacuated.¹⁵ Over 1,700 inhabitants were removed to a camp built on high ground (Caldwell 1899, 24). The disease was noted to be the worst in Blackpully, a locality where urgent attention was required. Blackpully was the largest such pocket covering 51.53 acres with 1,952 occupied houses, 2,700 families and with over 12,000 people constituting a seventh of the population of the entire C & M station (seen on map demarcated by a neutral tint). This area was also the most densely populated part of the station with a 'large number of Mahomeddians'. During the first severe outbursts of plague, the Munisami lane where the Gollas¹⁶ milkmen lived, suffered very badly. It was from here that the plague was said to have spread quickly from house to house, specifically on one side of the street, where houses abutted each other (Stephens 1914, 78). The houses in South Blackpully were eventually demolished under the Land Acquisition Act, in 1906. Over 594 houses in total were demolished (32 percent of the houses) were dismantled and 436 families were removed. Owners of the houses that were left untouched or partially demolished were pushed to make improvements themselves (All India Sanitary Conference Vol 2, 1913, 114). Another locality, the village of Venarpett that was inhabited by *Dhobis*¹⁷ was also evacuated. The recurring incidence of disease here, despite evacuation, was said to pose danger to the Artillery lines and its 543 inhabitants were removed to a camp nearby. Nilsundra, a village noted to be 'composed entirely of a respectable class of 'Mohammadans' was disinfected but not evacuated (Caldwell 1899, 6).

The evacuations, in Knoxpet, Frazer Town and Vennarpet targeted Pariahs, Gollas and *Dhobis* respectively, groups that were marginalised both socially and officially. These specific groups were identified as the source of contagion and made the focus of plague proofing measures. Subject to inoculation, displacement and dispossession, they were often not adequately rehoused or compensated. Take for example, Knoxpet,

APPENDIX XVI.
BANGALORE, CIVIL AND MILITARY STATION.
Mortality by Races from 15th September 1898 to 28th February 1899.

	Population.	Plague attacks.	Percentage to Population.	Plague deaths.	Percentage to Population.	Total Mortality.	Percentage to Population.	Ratio per 1000.
Europeans ...	4,985	18	3	12	2	37	74	16
Eurasians ...	2,649	47	17	35	13	77	29	63
Native Christians.	10,268	414	4.4	320	3.1	517	5	109
Mahomedans ...	23,892	871	3.6	789	3.3	1,681	7.9	172
Hindus & others.	68,287	2,050	4.5	2,142	3.7	3,611	6.2	135
Total...	100,081	4,000	4	3,298	3.3	6,130	6.1	133

Figure 6: Appendix XVI Bangalore, Civil and Military Station
Source: British Library Courtesy: P R Cadwell, Report on the outbreak of plague in the Civil and Military Station, Bangalore 1898-99. (Bangalore: Paragon Press, 1899)

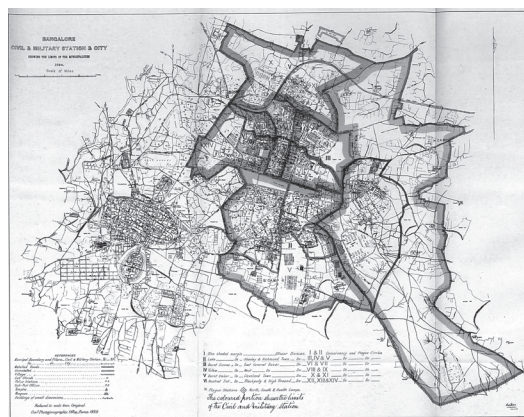


Figure 7: Limits of Municipalities showing division into 14 circles (1894). Source: British Library Courtesy: P R Cadwell, Report on the outbreak of plague in the Civil and Military Station, Bangalore 1898-99. (Bangalore: Paragon Press, 1899)

where despite evacuation following the plague in 1898, rebuilding took place only in 1923 (Nair 2002). In Blackpully and Nilsundra, the extant Muslim population were the focus of improvements, but interestingly the 'respectable class of the Mohammedans' in Nilsundra were subject to only disinfection, as opposed to evacuation or demolition. Caldwell noted that the residents in Nilsundra were spared of complete evacuation because the population was clearly not used to living in huts, so residents only moved out during the operation of disinfection (Caldwell 1899, 6). The inhabitants of Vennarpet were subject to evacuation for a fortnight and, after thorough disinfection of their homes, inhabitants were allowed to return (6). Conflict, violence and force were the norm and various castes and classes (often overlapping) were subject to varying degrees of control. Racialized improvement targeted the health and moral propriety, as well as the property, of poor-low caste non-Europeans. One could argue that it was precisely because of their vulnerable disposition, both economically and socially, that the municipality increasingly targeted marginalised groups. Despite uneven improvement measures that often resulted in dispossession and displacement, elites and officials would never cease to insist that improvements were beneficial for these populations. An approach not unfamiliar to Stuart Mill's ideas of utilitarian imperialism, where colonial intervention by a class of "philosophical legislators" was seen as necessary for the improvement of colonies (Bell 2010).¹⁸ Identifying these areas of uneven improvement measures and poverty in the C & M station paints a picture, different from the image of ordered residential layouts that replaced these localities.

EPHEMERAL SPACES

The ideology of improvement was institutionalised in the City Improvement Trust Board and sanitary housing schemes arose in the aftermath of the plague, but produced paradoxical results.¹⁹ On the one hand, the bungalow within a compound, became leitmotif for twinned sanitary and moral reform in localities such as Frazer Town (figures 8 and 9).²⁰ On the other hand, capitalist imperatives, which privileged profit over improvement, made available the bungalow and the bourgeois comfort of a planned locality available to limited populations. Congested parts of Blackpully were demolished (figure 10) giving way to planned localities, such as Frazer Town in 1906, Richards Town and Cox Town (Thompson 1920). All three layouts, had electric lights, wide roads and conservancy facilities. Such amenities led to quick gentrification, as 'well to do residents' soon took the place of the poor who had been forcefully displaced to make way for them (Nair 2005). Improvement, as in other colonial cities,

was thus not about improving, or remedying sanitary conditions but enhancing the commercial value of land. This in turn meant that those evicted were unable to actually access land, localities and housing that were made healthful or sanitary. In this section, I focus on the spaces that populations who were displaced and dispossessed were taken to, when framed as vectors of disease. Owing to the paucity of the whereabouts of



Figure 8: "Near View of Two Compound Cottages" in Frazer Town. Source: Stephens, J. H. (1914). *Plague-Proof Town Planning in Bangalore, South India*. (Madras: Methodist Publishing House)



Figure 9: View of the development of Frazer Town titled "View of a block of buildings in erection." Source: Stephens, J. H. (1914). *Plague-Proof Town Planning in Bangalore, South India*. (Madras: Methodist Publishing House)



Figure 10: Portions of Blackpully cleared to make way for Frazer Town. Source: Stephens, J. H. (1914). *Plague-Proof Town Planning in Bangalore, South India*. (Madras: Methodist Publishing House)

marginalised, non-local, migrant communities, I draw attention to temporary spaces, such as plague sheds, segregation camps and plague hospitals that they were moved temporarily. Few have considered the cumulative impact of a large number of “temporary” interventions operating with the “permanent” infrastructure of the city. Recognizing the impact of short-lived structures and ephemeral spaces produced through the plague can help move beyond the social privilege and aesthetics of envisioned, formal, master plans commonly understood in the development of Bangalore.

In an address to Her Highness, the Maharani-Regent at the Dasara Representative Assembly, the Dewan of Mysore Seshadri Iyer (1899) addressed the outbreak of the plague in various parts of the state. He described the precautionary measures taken by the government.²¹

... the passing of the Epidemic Diseases Regulation and the framing of Rules thereunder, the opening of railway and frontier inspection stations and outposts, the examination of passengers by rail and road, the detention, observation or escort to their destination of such persons as arrived from infected areas or were suspected of carrying infection, the establishment of temporary plague hospitals and segregation and health camps at centres likely to become infected and the carrying out of special sanitary improvements in towns and villages ...

He also outlined the measures for its prevention and suppression:

... provision was made in government plague hospitals for the treatment of the sick. Accommodation was provided in camps for contacts and persons living in infected houses...A large number of houses condemned as unfit for habitation were demolished in the Bangalore city and the congested portions opened out by the removal of many more... Compulsory segregation restored to for some time but was afterwards abolished in all locality's except Bangalore city. A large number of health camps were established. Free issues of timber and bamboos were made to the poorest classes to enable them to camp out, relief works for the indigent wherever necessary. Advances to government servants of a year's pay were sanctioned in the Bangalore city to enable them to build houses in the new extensions, and of three months' pay in certain infected taluks for putting up sheds ... (Address of the Dewan of Mysore 1899, 254-55)

In short, at the risk of oversimplification of this speech, Sheshadri Iyer presented how the colonial state, through its organised bureaucratisation, had a firm grip over the situation. The actions to combat the plague as set out by him were, firstly to frame control over the disease through governmental regulations; the Mysore government passed the Mysore Epidemic Diseases Act, II of 1897. As Stephen Legg discusses in relation to venereal diseases in Indian cantonments ‘municipal laws to challenge disorderly lives’ (Legg 2012).²² The second was to isolate the cases of disease using a

repertoire of urban discipline that produced the effect of policing and surveillance as a method of containment. Lastly, and most significantly, were solutions to contain the disease that were almost always spatial, because all health measures from detention, segregation, treatment and even isolation involved architectural solutions. Neatly marked plague quarantines, the issue of building materials to build shelters, and the long term exercises in urban planning that proceeded it, are all part of the colonial “will to improve” (Li 2007).

Concerns about the plague were manifest in the obsession with boundaries that were used to convey the “impression of constant surveillance”. Poorer city dwellers were thereby systematically subjected to what Legg (2012) describes as “sanitary surveillance”. The C & M station was surrounded by three health camps, South, North and Military hospital (Caldwell 1899, 19) with ten plague stations marked by X, creating a spatial boundary of surveillance in the city, as seen in figure 11. Blackpully had a concentration of seven such camps indicating again that the focus of the surveillance was on this locality. A detention camp was established at railway stations and all persons who came from infected areas and those who ‘could not be trusted to report themselves’ were intercepted and forcefully detained (Caldwell 1899, 14). The departure from the town of infected persons without passes was prohibited from the cantonment and the city railway stations, until complete disinfection as described was undergone (Caldwell 1899,12). The outcomes of such theatrics were aimed at producing a pacifying ‘moral effect’ among populations. But disinfection was ineffective unless the afflicted were prevented from settling elsewhere, which would certainly spread the disease over a wider and less regulated area. Governmental attention therefore

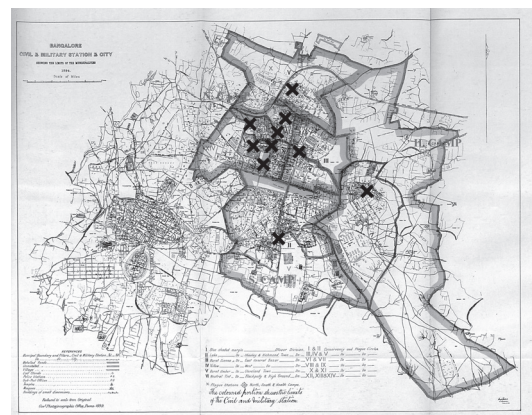


Figure 11: Limits of Municipalities (1894). Map Courtesy: P R Cadwell, Report on the outbreak of plague in the Civil and Military Station, Bangalore 1898-99. (Bangalore: Paragon Press, 1899; edited by the author)

shifted beyond disinfection, and segregation emerged as the immediate practicable solution to controlling both the disease and poorer populations.

Segregation was one side of double surveillance that brought the convalescent within the purview of the state, and segregation policies that monitored the afflicted within camps and hospitals, was the other. The layout of one such segregation camp is seen in figure 12; separated from the hospital by a barbed wire fencing are the camp, two kitchens, latrines and a disinfection room. A symbol of a native infantry guard indicated near the camp shows that it was likely to have been guarded. The image shows in detail the layout of the South Camp hospital, one of the three hospitals for the treatment of plague cases (Caldwell 1899, 17). The plan is certainly extensive, manning the entrance is a police sentry and a disinfection room. Wards allocated for both male and females and those built by Sappers and Miners (native infantry), along with servants' quarters, hospital kitchens, dedicated convalescent huts in two locations and a sisters' staff go-down, are also seen present.²³ The wards and convalescent huts were arranged around a central dispensary and a nurse's night duty room. Towards the west, were the quarters for nurses, assistant surgeons, drugs stores and an office located near the only other exit from the hospital. Segregated wards of the 'caste' hospital with a separate cook house, a latrine on the east, and another area cordoned off as 'enclosed huts for purda women' with kitchen and latrine areas were also present. Various indications of water sources as 'taps', *dhobi* areas were also included and show what appears to be a well-equipped hospital. Captain Leumann describes the South Camp hospital to be the "best built and best arranged plague hospital he has seen in a considerable experience in such institutions" (Caldwell 1899, 19).

However well-built and arranged, segregation induced fear in the afflicted population and the "horrors of segregation" were always referred to as the worst features of the plague (Caldwell 1899). The Epidemics Act 1897 legitimised the state government to take special measures and prescribe regulations when confronted with a dangerous epidemic.²⁴ The nature of the Act allowed alteration of existing law, if thought of as inefficient, and thereby exert control over bodies of the afflicted by any means it thought necessary, in the name of preventing an outbreak. Those infected by the plague, their entire family and neighbours, were forcibly removed to distant camps such as these. Revealingly, Stephen notes that "the state of young children and young women under these conditions can be better imagined than expressed", showing the heavy burden that many families endured through such forced separation. The ephemeral architecture of

borderlands, and displaced persons camps, are thought to be a more recent concern.²⁵ Both the South Plague hospital and segregation camp, highlight the fragile spatial and material conditions experienced by forcefully displaced persons in 19th century colonial Bangalore. All entry points were guarded to prevent occupants from leaving. A mortuary located within the compound, in the vicinity of the hospital to the segregation camp where plague afflicted were detained, must have provided for a macabre atmosphere. Plague precautions also violated sentiments, since caste and religion were afforded scant recognition and seen as "superstitious" obstacles for the implementation of essential and scientific sanitary operations (Arnold 1993). Removal of Muslim and Hindu women, even if there were separate spaces for *Purdah* women in camps such as the one in figure 12, directly violated the idea of *gosha* and some Hindu caste groups respectively.²⁶ A directive from Bombay's surgeon-general had openly stated that caste "prejudices" should be observed as far as possible, but could not be allowed to stand in the way of essential sanitary and medical measures (Arnold 1993). As seen in the spaces of the plague hospital and described by Caldwell, caste and non-castes were forced to brush shoulders in the camps, an interaction which would have been avoided as far as possible, if not for the camp. The erasure of these structures perhaps lies in the impermanence of the materials used to construct these spaces, despite their leaving a permanent impact on the city.²⁷ These structures are also likely to have been razed to ground, to make way for more 'permanent' settlements as the city expanded.

Caldwell notes that "the people dreaded the plague regulations more than the disease itself" (Caldwell 1899, 19). He notes apathetically that he could not understand what the "horrors" were and why the natives feared segregation as they did, arguing it was the timidity of the people. But the detainment in segregation camps was often indefinite, even if inoculated, because the effects of inoculation and the duration of the infectious stage were not wholly known (Stephens 1914; Caldwell 1899). Inoculation was at best only a protection and, as such, its effects were short-lived because it did not tackle the cause of the plague (Stephens 1914). In addition, The Act also imposed a penalty to any person disobeying any regulation, which meant that the person had committed an offence punishable under section 188 of the Indian Penal Code (45 of 1860) (The Epidemic Diseases Act 1897). Fear of non-consensual detention, draconian penalties and a general mistrust of the colonial government's actions, lead to multiple instances of subversion and many of the plague-infected, secreted and concealed themselves, till death (Caldwell 1899). The lack of acknowledgement of cultural differences of

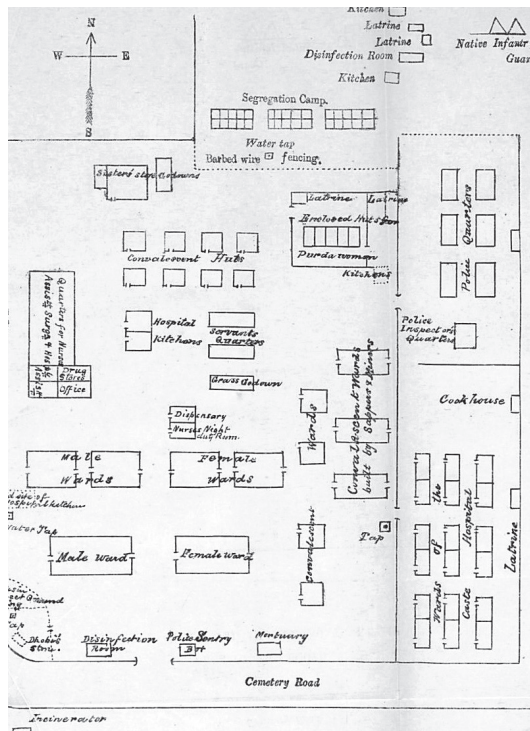


Figure 12: Plan of the South Plague Hospital and Segregation camp Source: P R Cadwell, Report on the outbreak of plague in the Civil and Military Station, Bangalore 1898-99. (Bangalore: Paragon Press, 1899)

caste and religion were also the source of resistance to invasive plague measures, and sometimes elicited violent reactions and responses (Nair 2009). Epidemiological evidence had come to prove that the segregation was ineffective in India. Segregation was neither worth the trouble nor the expense since only seventy-six cases of plague were found amongst those detained in camps in the Mysore State. It was finally recognised by the government as ineffective and all District Medical Officers unanimously condemned it as a failure (Caldwell 1899, 20). The failure of segregation and the adoption of alternative methods reveal that plague proofing was a process of trial and error, responding to events as they unfolded as opposed to having been planned ahead of time. Such methods and measures could be implemented without accountability precisely because the populations that they focused on, were marginalised groups with precarious materialities.

The plague brought racial and cultural prejudices to the fore, exacerbating caste and religious prejudices. Although Haffkines' method of inoculation had been discovered, it was not pushed in the early stages because the security it afforded was not fully understood and treatment in some cases was either considered to be too severe or in other cases too mild

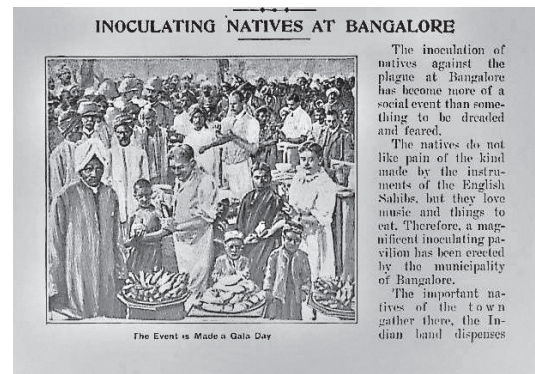


Figure 13: Plague inoculation at Bangalore. Sweets were dispensed and music was played as the inoculation was done c.1908. (Digitized by google from University of Minnesota)

(Stephens 1914). Inoculation incapacitated residents from work for a few days, and attempts were made to encourage or even push people to pursue treatment. In some cases 'leading Hindu citizens' came forward to be publicly inoculated to set an example to other civilians. In other cases, wealthy citizens *paid batta* to the poor people inoculated.²⁸ Paying *batta* can be argued to have coerced consent of the many who were displaced and dispossessed. It was not just the bodies of the poor, that became the subject of inoculation, it was the non-castes who were first subject to them (figure 13). The image above paints a picture of the treatment eventually becoming a social event, rather than something to be feared. "The natives do not like the pain of the kind made by the instruments of the English Sahibs but they love music and things to eat. Therefore a magnificent inoculating pavilion has been erected by the municipality of Bangalore". Stephens noted that at the next outbreak of plague, it was found that nearly all non-castes were exempt from inoculation and only the caste people were easy victims. The bodies of the 'non-caste' set precedent for the 'caste' people to come forward in large numbers. Thereafter, a vigorous campaign of door to door inoculation for so called 'respectable castes' was inaugurated (Stephens 1914). These examples show spatial dimensions of the plague, but are also revealing of how forced plague measures were not for all the afflicted and the populations on whom they were harshly enforced.

CONCLUSION

The precarious materialities of the plague stricken, and their continued harassment, drove them from the C&M station and the city, but also from the historiography of twentieth century India and contemporary research. Following the plague in this paper through these telling records, uncovered spatial inequalities that led to the

'unintended' city created by inconsistencies of urban governance. This contributed to understanding the spatialization of Bangalore as more diverse than the dominant narrative of 'native' original settlement and 'European' Civil & Military station commonly ascribed to it. The erasure of the populations in these unintended pockets however, can be attributed to the government's concerted effort to project the illusion of control. The plague and measures to contain it, revealed the identities of some of these populations that were in the state's purview. The measures were presented to be impermanent, but hegemonically intended to discipline and cure the plague inflicted into health and obedience. Paradoxically however, the plague became an inflecting point of colonial politics as state action was seen as unnecessary and disruptive, often leading to resistance and conflict. The impermanent traces of material culture of interventions such as segregation camps,

plague hospitals and their temporal characteristics explored in this paper give rare glimpses of the spaces to which specific groups were forced and limited. Separate spaces for people of 'caste' and other such endogamous divisions even in a segregation camp show how spaces conceived from these momentary exchanges were intended to function. Displacement had long term legacies, since those dispossessed and evicted were unable to actually access land, localities and housing that were made healthful or sanitary. This paper-provides insight into how urban space, even in a princely city, became the staging ground for colonial disciplinary violence and exclusion. It also seeks to highlight the impunity with which colonial authorities were able to do so before future policies would move from disciplining and curing the plague inflicted to a consideration of biopolitics, or the broader welfare of the population through wider planning measures.

ENDNOTES

- 1 Following Lefebvre's idea that all space is social space, from Henri Lefebvre, *The Production of Space* (Oxford: Basil Blackwell, 1991) and Foucault's spatialisation of power in Michel Foucault, *Space, Knowledge and Power* (New York: Pantheon Books, 1984), 239–56. This opens possibilities of interrogating postcolonial subjectivity through spaces that are occupied and used by those who are implicated in it.
- 2 Bangalore was renamed Bengaluru in 2014, similarly other cities in India with names owed to colonialism have also been renamed in recent years. In this paper however, I use colonial names of cities in line with the way they are referred to in archives from the period in discussion.
- 3 Recent scholarship such as Eric Lewis Beverley, *Hyderabad, British India, and the World: Muslim Networks and Minor Sovereignty, c. 1850–1950* (Cambridge University Press, 2015) and Janaki Nair, *Mysore modern: Rethinking the region under princely rule* (University of Minnesota Press, 2011) on Hyderabad and Mysore respectively that address urban development though not focused solely on urbanism.
- 4 See Swati Chattopadhyay, *Representing Calcutta: Modernity, nationalism and the colonial uncanny* (London and New York: Routledge, 2005); Prashant Kidambi, *The making of an Indian metropolis: Colonial governance and public culture in Bombay, 1890–1920* (Hampshire: Routledge, 2016); Stephen Legg, *Spaces of colonialism: Delhi's urban governmentalities* (Malden, Oxford, Victoria: John Wiley & Sons, 2008); Jyoti Hosagrahar, *Indigenous Modernities: Negotiating Architecture and Urbanism* (London and New York: Routledge, 2012) that deny any cleavage between the original settlement/city and the 'while city' that took form under colonialism.
- 5 The area was called Cantonment until 1868 after which it was officially designated as Civil and Military Station and will hereon in this paper be referred to as C & M Station. The Station operated as an independent area under the control of the Government of India.
- 6 Similar to Swati Chattopadhyay's (2005) description of the false binary of 'black' and 'white' towns.
- 7 See William. J. Glover, *Making Lahore Modern: Constructing and Imagining a Colonial City* (Minneapolis: University of Minnesota Press, 2007); Sudhir Hazareesingh, *The Making of an Indian Metropolis: The colonial city and the challenge of modernity: urban hegemonies and civic contestations in Bombay city (1900–1925)* (Orient Longman, 2007); Janaki Nair, *The Promise of the Metropolis: Bangalore's Twentieth Century* (New Delhi: Oxford University Press 2005).
- 8 Swati Chattopadhyay in her blogpost, *Mapping Ephemerality*, Platform.net, accessed March 23, 2020, [http https://www.platformspace.net/home/mapping-ephemerality](https://www.platformspace.net/home/mapping-ephemerality).
- 9 Caste Hindus are those belong to the Savarna or the four varna of the caste hierarchy, those outside the Savarna were groups considered to be without caste or 'outcaste'.
- 10 Janaki Nair (2005) referring to a study on Ashoknagar, formerly known as Shoolay and documents a relationship between private and public space that was more intimate, less well defined, and encouraged social interactions of a different kind from the wealthier bungalow that lay in the near vicinity.
- 11 After its appearance in Bombay in 1896, it soon spread across Northern India and Western India killing an estimated 10 million people.
- 12 Despite the plague occurring post germ theory, miasma theory, that held disease transmission was caused by a miasma, a noxious form of "bad air", emanating from rotting organic matter were still prevalent until the end of the 19th century.
- 13 The history of colonial medicine and epidemic diseases were entwined the nature of colonial power and knowledge that were hegemonic and coercive processes, illustrating the nature and aspirations of the colonial state itself. Charts, figures, statistics and graphs found in Caldwell's report on the plague were intended to show the Indian body and specific groups as the site of the contagion vectors disease.

- 14 David Arnold (1993) builds on Michel Foucault's Discipline and Punish, The Birth of the Clinic and Power/Knowledge elaborates on the idea of 'Colonizing the Body' where colonialism attempted to use the body as a site of construction for its own authority, legitimacy and control.
- 15 Pariah is a colonial era epithet for members of the 'lowest' of castes in India's caste hierarchies, groups that were later called 'outcastes' or 'untouchables' (Viswanath 2008). This term is used here because of the reference to this group in the report as such but is not an endorsement of this term.
- 16 According to the Mysore Census on (1911) Gollas were a pastoral indigenous caste sometimes also known as Gauliga or Kavadigas who are typically engaged in dairy and milk products they congregated in large numbers in towns or cities. In contemporary Karnataka they continue to be listed as Backward castes.
- 17 Dhobis are listed as Other Backward Castes by Government of India (GOI) but would have been considered 'low' caste in the late 19th century in the Mysore State.
- 18 An approach not unfamiliar to Stuart Mills 'utilitarian imperialism' where cases in public intervention were seen as necessary to give effect to the wishes of the persons interested. Just as India was best regulated by the expertise of the enlightened, colonial development needed to be directed by a class of "philosophical legislators" who understood the art and science of political economy and recording the duty to seek improvement of humanity. Duncan Bell (2010) on John Stuart Mill on Colonies.
- 19 Similar to Delhi and Bombay where the search for low costs systematically drove Trust schemes in ways that that undermined sanitation (Kidambi 2007,89-113) Legg 2012,159-209).
- 20 The bungalow in this context can be described to be an independent house set within a compound. See Desai, M., Desai, M., and Lang, J., *The bungalow in twentieth-century India: The cultural expression of changing ways of life and aspirations in the domestic architecture of colonial and post-colonial society*, United Kingdom, Ashgate Publishing, 2012.
- 21 The reaction to the plague by the colonial government (and thereby princely states) where it launched itself into a series of far reaching measures was surprising given the previous reluctance to provoke public opposition and unwillingness to spend more than was absolutely necessary on public health. But such intervention was triggered by a combination of domestic and international pressures, by political and medical considerations, without which the GOI would have been far more reticent and unlikely to have adopted such draconian measures (Arnold, 1993).
- 22 On February 4th, 1897, Lord Elgin rushed through his council with minimum debate or consultation, and gave his viceregal assent to introduce "An Act to Provide for the better presentation of the Spread of Dangerous Epidemic Disease" which applied to the whole of British India and took immediate effect (Arnold, 1993).
- 23 Sappers and miners were an engineer group of the Corps of Engineers of the Indian Army with their Head Quarters in Bangalore. They were involved in a major part of the construction activities of the Civilian and Military buildings in Bengaluru. It is difficult to establish with certainty how the wards were different convalescent huts but the fact that distinct spaces are separated show that they might have had different functions.
- 24 The Epidemic Diseases Act, 1897 Act no. 3 of 1897 4th February, 1897. The Act stated that '(1) When at any time the [State Government] is satisfied that [the State] or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease, the [State Government], if [it] thinks that the ordinary provisions of the law for the time being in force are insufficient for the purpose, may take, or require or empower any person to take, such measures and, by public notice, prescribe such temporary regulations to be observed by the public or by any person or class of persons as [it] shall deem necessary to prevent the outbreak of such disease or the spread thereof, and may determine in what manner and by whom any expenses incurred (including compensation if any) shall be defrayed.'
- 25 Swati Chattopadhyay in her blogpost, *Mapping Ephemerality*, (<https://www.platformspace.net/home/mapping-ephemerality>) referring to scholarship on ephemeral architecture such as Ash Amin and Nigel Thrift, *Cities: Reimagining the Urban* (New York: Wiley, 2002); Swati Chattopadhyay, *Unlearning the City: Infrastructure in a New Optical Field* (Minneapolis: University of Minnesota Press, 2012); Amit Rai, *Jugaad Time: Ecologies of Everyday Hacking in India* (Durham: Duke University Press, 2019).
- 26 Gosha or a Gosha woman is described as someone who follows the Islamic law of concealing herself from the sight of men, except certain close relatives.
- 27 *Construction of sheds for Plague camps in Bangalore 1897-98* 26 of 97-98 1-5, Municipal Records in the Karnataka State Archives lists in detail the materials used to make the sheds that constitute mainly wood rafters and reapers (for pitched roof), corrugated iron sheet roof, washers and screws Bamboo tatty [sic] walls etc.
- 28 Batta roughly translates to 'bribe' or monetary incentive or tip.

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